

C1 1560

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER

ST/CO USE ONLY

DATE Received
MM DD YY
8 13

DATE WELL COMPLETED

MM DD YY
12-18-10

Depth of Well

22 300
(TO NEAREST FOOT)26 6 Bags
ShortPERMIT NO.
FROM "PERMIT TO DRILL WELL"140 45 2014
28 29 30 31 32 33 34 35 36 37OWNER Kneale James
STREET OR RFD 6908 Silentbrook Bay TOWN Clarksville MD
SUBDIVISION Vill River Hill SECTION 2 LOT 82

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM

TO

check
if water
bearing

Overburden

0 62

Grey Rock
(unconsolidated)

62 300

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)YES NO
Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 45 222 NO. OF POUNDS 45 100

GALLONS OF WATER 550

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 54 BOTTOM 58 ft. 0 300
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST CO
STEEL CONCRETE
PL OT
PLASTIC OTHERMAIN CASING TYPE Nominal diameter
top (main) casing
(nearest inch) Total depth
of main casing
(nearest foot)
60 61 63 64 66 62 70OTHER CASING (if used)
diameter depth (feet)
inch from to
EACH CASING

SCREEN RECORD

screen type
or open holeST BR HO
STEEL BRASS OPEN
HOLE
PL PL OT
PLASTIC OTHER

DEPTH (nearest ft.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
56 60
from toGRAVEL PACK
IF WELL DRILLED
WAS FLOWING WELL
INSERT F IN BOX 88MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q70 72 74 75 76
TELESCOPE LOG OTHER DATA
CASING INDICATOR

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 8 9

PUMPING RATE (gal. per min.) 11 15

METHOD USED TO
MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING 17 20 ft.

WHEN PUMPING 22 25 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine
27 27 27
C centrifugal R rotary O other
27 27 27
J jet S submersible
27 27

PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO
(CIRCLE) (YES OR NO)IF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS.TYPE OF PUMP INSTALLED
PLACE (A,C,J,P,R,S,T,O)
IN BOX 29.CAPACITY:
GALLONS PER MINUTE
(to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH
(nearest ft.) 43 47CASING HEIGHT (circle appropriate box
and enter casing height)
+ above } LAND SURFACE
- below } (nearest foot)
49 50 51

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS
BUILDING, SEPTIC TANKS, AND /OR
LANDMARKS AND INDICATE NOT LESS
THAN TWO DISTANCES
(MEASUREMENTS TO WELL)

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED yes no
Y NCIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED
WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION
WELLI HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN
ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND
IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE
CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED
HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY
KNOWLEDGE.DRILLERS LIC. NO. M S D 106
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 35 D 138

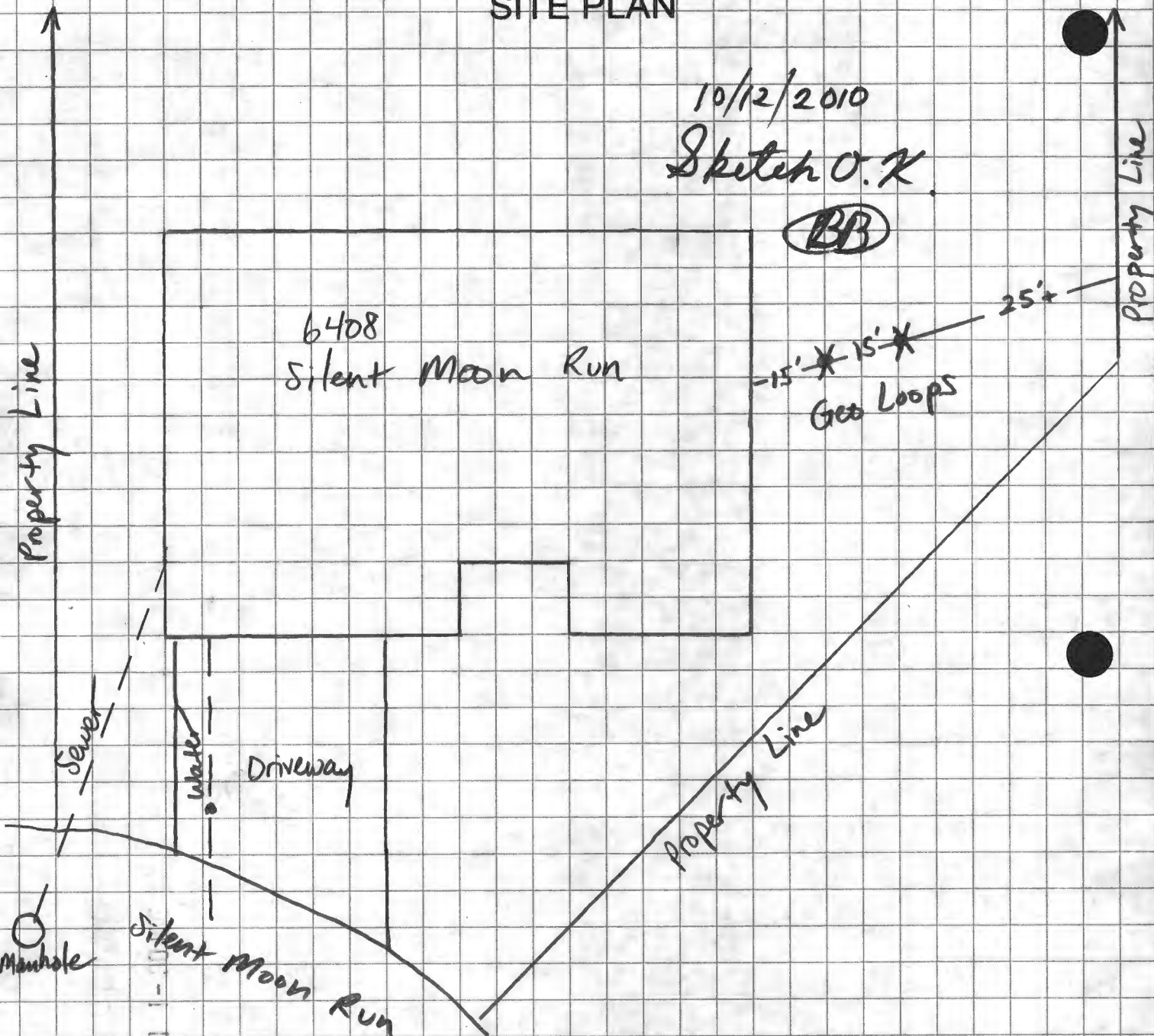
SITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)

<p>B 1 6956</p> <p>1 2 3 6</p>	<p>SEQUENCE NO. (MDE USE ONLY)</p>	<p style="text-align: center;">STATE OF MARYLAND</p> <p style="text-align: center;">APPLICATION FOR PERMIT TO DRILL WELL</p> <p style="text-align: center;">please type</p>	<p style="text-align: right;">STATE PERMIT NUMBER</p> <p style="text-align: center; font-size: 24pt; font-weight: bold;">H0-95-2014</p> <p style="text-align: center;">fill in this form completely</p>
<p>Date Received (APA) <u>10 01 10</u></p> <p>OWNER INFORMATION</p> <p>8 MM DD YY 13 <u>Kneale James</u></p> <p>15 Last Name Owner First Name 34 <u>6408 Silent Moon Run</u></p> <p>36 Street or RFD 55 <u>Clarksville Md 21029</u></p> <p>57 Town 70 State 72 Zip 76</p>		<p>B 3 Howard LOCATION OF WELL</p> <p>9 COUNTY <u>Blue River Hill</u></p> <p>23 SUBDIVISION 42</p> <p>SECTION <u>2</u> LOT <u>82</u></p> <p>52 NEAREST TOWN <u>Clarksville</u></p> <p>MILES FROM TOWN (enter 0 if in town) <u>0</u> M I 73 76 77 78</p>	
<p>DRILLER INFORMATION</p> <p><u>Marshal Arnette M SD 106</u> ?</p> <p>Driller's Name 76 License No. 81</p> <p>Firm Name <u>Allied Environmental Services</u></p> <p>Address <u>PO Box 1242, Millersville Md 21108</u></p> <p>Signature <u>[Signature]</u> Date <u>9/27/10</u></p>		<p>B 4 (6408) Silent Moon Run</p> <p>1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</p> <p>11 NEAR WHAT ROAD 30</p> <p>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</p> <p>34 <u>125</u> 37</p> <p>DISTANCE FROM ROAD ENTER FT OR MI 38 39</p> <p>TAX MAP: <u>35</u> BLK: <u>13</u> PARCEL <u>437</u></p>	
<p>B 2 WELL INFORMATION</p> <p>1 2 APPROX. PUMPING RATE (GAL. PER MIN.)</p> <p>AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)</p>		<p>USE FOR WATER (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="checkbox"/> D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION</p> <p><input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)</p> <p><input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, DEWATERING</p> <p><input type="checkbox"/> P PUBLIC WATER SUPPLY WELL</p> <p><input type="checkbox"/> T TEST, OBSERVATION, MONITORING</p> <p><input checked="" type="checkbox"/> G GEO-THERMAL <u>2 Closed Loops</u></p>	
<p>APPROXIMATE DEPTH OF WELL <u>300</u> FEET</p> <p>APPROXIMATE DIAMETER OF WELL <u>6</u> INCH</p>		<p>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</p> <p><u>Howard (13) Public</u></p> <p>COUNTY NAME COUNTY NO.</p> <p>STATE SIGNATURE INSERT S →</p> <p>DATE ISSUED <u>6/13/2010</u> <u>Brian Baber</u> <u>10/13/2011</u></p> <p>43 MM DD YY 48 CO SIGNATURE EXP. DATE</p> <p>NORTH GRID <u>496</u> 0 0 0 EAST GRID <u>820</u> 0 0 0</p> <p>50 55 57 63</p>	
<p>METHOD OF DRILLING (circle one)</p> <p>BORED (or Augered) JETTED Jetted & DRIVEN</p> <p>30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)</p> <p>37 CABLE REVerse-ROTary Drive-POINT</p> <p>other</p>		<p>SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X</p> <p>SOURCES OF DRILLING WATER</p> <p>1. <u>Driller Well</u></p> <p>2.</p> <p>3.</p> <p>WRITE THE BOX NUMBER FROM THE MAP HERE</p> <p>E <u>820</u> 000</p> <p>N <u>496</u> 000</p>	
<p>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL</p> <p><input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</p> <p>39 <input type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS</p> <p><input type="checkbox"/> D THIS WELL WILL DEEPEMED AN EXISTING WELL</p> <p>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52</p>		<p>DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION</p> <p><u>14/6/10</u></p> <p><u>4142 Pinwood Trail</u></p> <p><u>Silent Moon Run</u></p>	
<p>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</p> <p>APPROX. PERMIT NUMBER <u>G</u></p> <p>PERMIT No. <u>H0-95-2014</u></p> <p>70 71 72 73 74 75 76 77 78 79</p>			
<p>SPECIAL CONDITIONS</p> <p>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</p>			

ALLIED WELL DRILLING SITE PLAN

10/12/2010
Sketch O.K.

(BB)



NEIGHBORING TAG #'S: _____

DISTANCE FROM HOUSE: 15'
 FROM SEPTIC: N/A
 FROM SEWER: 75' +
 FROM PROPERTY LINE: 25' +
 FROM STREET: 80' +
 COMMENTS: _____

TREES NEARBY: Yes - no issue
 UTILITY ISSUES: No
 MATS NECESSARY: Yes
 ACCESS FOR H/U: Yes

PERSON COMPLETING FORM: Andy T.



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-76°55'38"

10/15

Howard County
M A R Y L A N D

By:
Office:
Map Width: 910.00 ft.
Print Date: 10/14/2010
Scale: 1 in. = 100 ft.

Maryland Department of Assessments and Taxation
Real Property Data Search (vw1.1)
HOWARD COUNTY

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Account Identifier:

District - 15 Account Number - 114762

Owner Information

Owner Name: KNEALE JAMES **Use:** RESIDENTIAL
KNEALE FAITH BEST T/E **Principal Residence:** YES
Mailing Address: 6408 SILENT MOON RUN **Deed Reference:** 1) / 3791/ 344
CLARKSVILLE MD 21029-1286 2)

Location & Structure Information

Premises Address **Legal Description**
6408 SW SILENT MOON RUN LOT 82 10,028 SQ
CLARKSVILLE 21029 6408 SILENT MOON RUN
VILL RIVER HILL S 2 AR 4

Map	Grid	Parcel	Sub District	Subdivision	Section	Block	Lot	Assessment Area	Plat No:	11469
35	13	437					82	1	Plat Ref:	

Special Tax Areas **Town** **Ad Valorem** A/V, METRO FIRE TAX
Tax Class

Primary Structure Built	Enclosed Area	Property Land Area	County Use
1996	3,120 SF	10,028.00 SF	000000

Stories	Basement	Type	Exterior
2	YES	STANDARD UNIT FRAME	

Value Information

	Base Value	Value	Phase-in Assessments	
		As Of	As Of	As Of
		01/01/2010	07/01/2010	07/01/2011
Land	359,220	263,100		
Improvements:	347,680	286,300		
Total:	706,900	549,400	549,400	549,400
Preferential Land:	0	0	0	0

Transfer Information

Seller:	PHEASANT RIDGE LIMITED PARTNERSHIP	Date:	08/14/1996	Price:	\$305,753
Type:	IMPROVED ARMS-LENGTH	Deed1:	/ 3791/ 344	Deed2:	
Seller:	HOWARD RESEARCH DEVELOPMENT CORP	Date:	05/15/1996	Price:	\$96,249
Type:	UNIMPROVED ARMS-LENGTH	Deed1:	/ 3727/ 1	Deed2:	
Seller:		Date:		Price:	
Type:		Deed1:		Deed2:	

Exemption Information

Partial Exempt Assessments	Class	07/01/2010	07/01/2011
County	000	0	0
State	000	0	0
Municipal	000	0	0

Tax Exempt: NO
Exempt Class:

Special Tax Recapture:
* NONE *

